



Government of **Western Australia**  
North Metropolitan Health Service  
Sir Charles Gairdner Osborne Park Health Care Group



# Breastfeeding and Breast Care





## Contents

10 Steps to Successful Breastfeeding	3
Benefits of breastfeeding	4
Getting started	5
Rooming in	8
Feeding cues	9
Breastfeeding and stools	10
Signs baby is getting enough	14
Helping your baby to breastfeed	15
Nipple care	16
Expressing for a baby	17
Hand expressing	17
Procedure	17
Expressing by electric breast pump	18
Cup feeding	19
Storage of breast milk	20
Thawing and warming of breast milk	21
Engorgement	22
Blocked ducts	23
Management of blocked ducts	24
Mastitis	25
Signs and Symptoms	25
Milk banking at King Edward Memorial Hospital	26
Support Services	27

## 10 Steps to Successful Breastfeeding

Osborne Park Hospital (OPH) follows the Womens and Newborns Health Network Baby Friendly Health Initiative Hospital Breast Feeding Policy. A mother's informed choice of feeding is encouraged, respected and supported. Baby Friendly Initiative accredited hospitals follow the 10 Steps to Successful Breastfeeding.

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Place babies skin to skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in; allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.



## Benefits of breastfeeding

There are many emotional and physical benefits for both you and your baby from breastfeeding.

### Health benefits for your baby

- Breast milk has all the nutrients for growth and development.
- Breast milk helps prevent respiratory and intestinal infections, and allergies.
- Babies fed only breast milk are less likely to develop inflammatory bowel disease and diabetes.

### Health benefits for you

- Breastfeeding will make your uterus (womb) contract which helps reduce the amount of bleeding after birth.
- Breastfeeding reduces the risk of breast cancer and epithelial ovarian cancer.

### Benefits to your family and community

- Breastfed babies have less infections because of the protective qualities of breast milk.
- The cost of extra food required by you to breastfeed is small in comparison to the large cost of formula and equipment needed for its preparation.

### Formula feeding of healthy breastfed babies is best avoided because:

1. It may interfere with the protection against infection that colostrum/breast milk is creating in your baby's gut.
2. Formula is more slowly digested than breast milk and increases the time between feeds. Your baby may take less milk when you next breastfeed and your breasts will be stimulated less. This often leads to a reduced breast milk supply.

3. Frequent full drainage of your breast prevents engorgement. Formula, water or other fluids can interfere with breast drainage and thus contribute to engorgement.
4. If your family has a strong history of allergies, formula can create an allergic response in your infant.
5. Babies who have formula feeds in the first month of life have a shorter duration of breastfeeding.

If you choose, for personal reasons, to give your breastfed baby a formula feed, you will be asked to indicate your consent by signing a consent form.

Formula feeds ordered for individual medical reasons will only be given after a full discussion with you.

## Getting started

Skin-to-skin contact between mother and baby is important after birth to encourage bonding and release hormones that help breastfeeding. Not all babies are able to feed immediately after birth. The first feed is when mother and baby are ready.

### **The first few days**

- Following birth, uninterrupted skin-to-skin contact should be maintained with your baby for at least one hour or until baby feeds, and then as often as possible after this.
- Common practices such as early weighing, bathing or passing around your baby should be delayed until after the first feed if possible.
- After an initial alert period some babies become very sleepy for the next 24 hours or so. This may be due to the birth experience and/or pain relieving drugs given to the mother during labour. If this happens, colostrum/breast milk will need to be expressed and given to the baby if he/she is not interested in feeding.

- The early use of teats and dummies, especially before the first breastfeed, can interfere with breastfeeding.
- Some babies may have periods of wishing to feed very frequently, especially at night, in the early days. This is normal, and your baby is helping your milk supply establish by stimulating your breasts regularly.
- Getting some rest during the day will help you manage these night time feeds. Reducing or limiting the number of visitors you have during the day may also help.
- If you have other small children, try to get some extra help with them if you can.
- A breastfed baby may feed between 8 to 12 times, or more, every 24 hours.

The best way for a mother and baby to learn to breastfeed is to let the baby follow its natural instincts. This is called 'baby-led attachment' and can be done straight after birth or at any time later.

Many babies are born able to search for the breast without much help. A mother's role is mainly to support and encourage her newborn.



1. Place your baby upright skin-to-skin, supported, calming them by gentle rocking, stroking, and talking.



2. Baby starts to follow their instincts, allow your baby to 'bob' their head on your chest, they may look at you.



3. They may nuzzle your breast and lick for a little while. That is fine.



- Start when your baby is awake and calm and remove his clothes, except for the nappy.
- Take off your bra and top – you could wear something over your shoulders for warmth or privacy.
- Sit comfortably, leaning back a little, with your back well-supported.
- Place your baby skin-to-skin on your chest. Talk to him, look into his eyes and gently stroke him.
- Gently support your baby behind his shoulders and under his bottom, but allow him to move freely when he wants. He may 'bob' his head on your chest and then move across to one breast.
- When his chin contacts the breast, he may attach by himself. Don't be in hurry. Let your baby take his time to attach when he is ready. Enjoy your baby!

4. They are using their cheek to feel their way. This is a learning process for both of you. It is okay to take your time.



5. Digging in their chin, the baby reaches up with an open mouth, and attaches to the breast.



6. If the baby's back is straight, their body touching yours, and you are both feeling comfortable, that is all that matters.



## Rooming in – feeding according to need

If both you and your baby are well, you should remain together 24 hours a day whilst establishing breastfeeding. This allows unrestricted breastfeeding and helps you learn about your baby's feeding and behaviour patterns.

### Feeding cues

Babies should be allowed to feed as often as they need. There should be no limit on the number of feeds you give your baby. In a 24 hour period a well newborn will feed at least 8 to 12 times or more.

Do not wait until your baby is crying for a feed; be aware of early signs of hunger such as:

- mouth opening
- hand to mouth movements
- rapid eye movement
- shallow state of sleep after one or two hours of deep sleep



# Baby Feeding Cues (signs)



## EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

## MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

## LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

## Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



© State of Queensland (Queensland Health) 2012



<http://creativecommons.org/licenses/by-nc-nd/3.0/au/au-deed/en>

For permissions beyond the scope of this licence contact: Intellectual Property Officer, email [ip\\_officer@health.qld.gov.au](mailto:ip_officer@health.qld.gov.au), phone (07) 3234 1473.

(HMMU 131022)

# Breast feeding and stools

## Meconium

Meconium is the first stool of the newborn infant. Meconium is almost odour-free and very sticky. Rapid elimination of the meconium is important to prevent neonatal jaundice due to reabsorption of bilirubin.



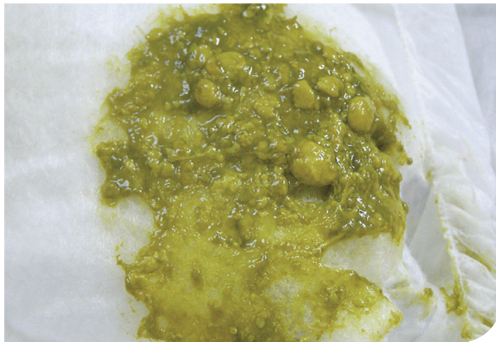
1. The first bowel movement at five hours after birth

## Reference:

Breastfeeding, An illustrated guide to diagnosis and treatment  
Denise Both and Kerri Frischknecht

## Breast milk stools

After three to five days, the stools of the newborn infant should be yellow or yellowish-green in colour. After the first day of life, at least three bowel movements daily are to be expected. Less frequent bowel movements as well as the absence of a colour change are indications of inadequate milk intake, which must be investigated. In the neonatal period, it is not unusual for stools to be excreted at each breastfeeding session.



2. Curdy breast milk stool at 30 hours after birth



3. Breast milk stool at 2 weeks post-partum

Many breastfed infants have frequent bowel movements through the whole breastfeeding period. In others, the number of bowel movements decreases clearly after the first four to six weeks, with a corresponding increase in the quantity per stool. After the neonatal period, exclusively breastfed infants may have a bowel movement only every five to seven days or less frequently. These infrequent bowel movements should not be confused with constipation (hard, dry stools). Dry stools are an indication of inadequate milk intake.



## How breastfeeding works

The more your baby feeds, the more milk you make. When your baby sucks at the breast, hormones are released. These hormones make the milk and cause the milk to ‘let down’ or flow.

The first milk you produce looks thick and yellowish. This first milk (colostrum) is important for your baby as it contains substances to nourish and protect from disease. Only small amounts of colostrum are produced at first as this is all your baby needs. The milk gradually becomes thinner and more watery looking and the amount you produce increases. This is normal; your milk contains everything your baby needs to grow and satisfy hunger.

### Signs your milk is flowing

- A change in your baby’s sucking rate from rapid sucks to suckling and swallowing rhythmically, at about one suckle per second.
- Some mothers feel a tingling or pins and needles sensation in the breast.
- Sometimes there is a sudden feeling of fullness in the breast.
- While feeding on one side your other breast may start to leak milk.
- You may become thirsty.

Your milk flow can be affected by emotions like anxiety, embarrassment, tension or extreme tiredness. Being relaxed when breastfeeding helps your milk flow.

## **How long to feed your baby**

The length of time a baby feeds will vary. A newborn baby is often sleepy and may need waking during a feed and encouragement to fully drain the breast (having your baby unwrapped during feeds may also help). Most babies take both breasts at each feed. Seek assistance if you don't think your baby is having adequate feeds or is unsettled between feeds.

If you feel pain, or your nipple feels pinched after you start to feed, your baby is not attached correctly and this may cause sore or cracked nipples. If pain is experienced put a clean finger into the side of your baby's mouth between the gums to break the suction. Gently take the baby off the breast and reposition and reattach him/ her. After the feed your breast should feel lighter with no lumps.

Remember – babies 'breast-feed', they do not 'nipple-feed'.

## **Breast compression**

Breast compressions can help if your baby is falling asleep while feeding, slow to gain weight, feeding frequently or taking a long time to feed. By compressing your breast you will encourage your milk to flow which will provide your baby with more milk.

Gently press with your hand around the breast, and close to your chest wall, without causing pain. When your baby is no longer drinking release the pressure.

When your baby starts to suckle again he/she may be drinking but if he/she doesn't resume suckling well, compress your breast again. Keep doing this until your breast feels soft and drained and baby is no longer drinking. Then offer your baby the other breast and if he/she becomes tired start your compressions again.



## How your milk supply increases

As your baby grows their appetite increases and he/she will demand more feeds. Your breast milk will increase to match your baby's needs if you breastfeed more frequently. Growth spurts occur at anytime but are often around six weeks, three months and six months.

Remember your breasts are never empty. As your baby feeds, your body makes more breast milk.

### **You can build up your milk supply by:**

- Feeding more often
- Offering both breasts twice
- Putting baby back to the breast 20 to 30 minutes after a feed
- Expressing breast milk between and after feeds
- Not giving baby formula feeds, water, juice or other liquids
- Resting as much as possible – a few quiet days at home are helpful
- Eating well and drinking when thirsty
- Gently stroking or compressing your breasts during feeds

### **Signs baby is getting enough**

Fully breastfed babies receiving colostrum (present from birth) have one to two wet nappies and at least one bowel movement every 24 hours for the first few days. Once your baby is receiving mature breast milk then expect:

- Five or more wet nappies every 24 hours
- Clear or pale urine
- Soft, yellow bowel actions – at least two to three per day for the first four to six weeks
- An alert healthy baby with good skin tone
- An average weight gain of 150gm or more per week in the first three months

## Helping your baby to breastfeed

- How you and your baby are positioned may help him/her to latch on more easily.
- Lean back, make yourself comfortable, unwrap your baby and remove clothing that may come between you both. Leave baby's hands free to move.
- Lie baby on your chest or next to your breast. Baby's whole body needs to be facing you.
- Baby's chin is on the breast and your nipple is above baby's top lip, opposite the nose.
- Baby's bottom lip and chin should be firmly contacting the breast below the nipple.
- Wait for baby to respond with a wide-open mouth and latch on.
- If baby is unable to latch on, seek help from a midwife or lactation consultant (see Support Services on page 23).





## Nipple care

- Do not use soap or shampoo on your nipples.
- Harsh abrasive conditioning or treatment of nipples is NOT required.
- If you think your nipples are flat or inverted, seek advice (see page 23).
- If baby is correctly attached at the breast you won't experience any discomfort.
- After each breastfeed, express a few drops of milk to smooth over your nipple and allow to dry. The milk moisturises the nipple and provides a barrier against infection.
- Ensure you change your nursing pads regularly.
- If your nipples are sore or damaged, it is important to seek assistance to correct potential issues with attachment as the cause. Purified lanolin may be applied to nipples, using a cotton bud to provide temporary relief.
- Always handle breasts with clean hands.
- Causes of sore nipples can be related to any of the following:
  - poor positioning of baby
  - tongue-tie
  - infection
  - dermatitis or eczema
  - vasospasm (tightening of the blood vessels in the nipple)
- If your nipples become damaged, express milk to feed your baby while you seek assistance (see page 17).



## Expressing for a baby

- If you are separated from your baby or your baby does not feed, it is important to start expressing milk within one to three hours after the birth of your baby.
- If your baby is unable to attach to your breast, it is important to continue expressing regularly, every three hours or eight times in 24 hours, including during the night.
- This will help your body to produce milk, even if your baby is not ready to feed yet.

### Hand expressing

Expressing may be used to:

- help you attach your baby to the breast when your breast is full, or
- give your baby expressed milk when breastfeeding is not possible.

### Procedure

1. Stimulate the letdown reflex by:
  - rolling your nipple between your finger and thumb, and
  - gently stroking your breast towards your nipple.
2. Position your finger and thumb about 2cm to 3cm behind the tip of the nipple.
3. Press the finger and thumb together towards your chest without sliding the fingers on the skin and gently compress.
4. Repeat the action in a rhythm similar to the baby's sucking, about once a second.
5. Rotate the position of the finger and thumb around the nipple, so that all the milk ducts are expressed.
6. If regular expressing is required to give extra breast milk to your baby, an electric breast pump is recommended.



## Expressing by electric breast pump

1. Hospital grade breast pumps can be hired from the Australian Breastfeeding Association or your local pharmacy.
2. Ensure the correct size breast shield is used as one that is too small can damage the nipple and will not adequately drain the breast. You should not feel pain, pinching or pressure in the nipple. Only gentle stimulation of the breast.
3. You need to express your breastmilk as often as you expect your baby to feed, at least 8 times a day if your baby is not breastfeeding, or between feeds if you need to increase your milk supply.

## Cup feeding

Cup feeding is an alternative means of providing colostrum or expressed breast milk (not formula) to babies unable to attach and/or suck at the breast successfully. It is most successful when your baby is wide awake and interested.

- Wrap your baby securely.
- Support your baby in an upright sitting position.
- Fill a small clean medicine cup half full with expressed milk.
- Tip the cup so that the milk is touching your baby's lips. Do not pour the milk into baby's mouth.
- Tilt the rim of the cup touching the baby's bottom lip, towards the upper lips and gums.
- As your baby's jaw is lowered, a small amount of feed will be taken and swallowed.
- Leave the cup in the correct position during the feed as this allows your baby to self-regulate the feed as desired.
- After use, wash the cup in warm soapy water and rinse well.

## Storage of breast milk

Freshly expressed breast milk should be cooled before being added to previously expressed chilled or frozen milk.

Breast milk	Room temperature	Refrigerator	Freezer
Freshly expressed into a clean container	6 to 8 hours (26°C or lower)  Store in refrigerator if one is available	3 to 5 days (4°C or lower)  Store in back of refrigerator where it is coldest	Two weeks in freezer compartment inside a refrigerator (store in the back to prevent thawing while the door is open)  Three months in freezer section of refrigerator (with separate door)  6 to 12 months in deep freeze (-18°C or lower)

## Thawing and warming of breast milk

Frozen milk must be warmed quickly but NOT in boiling water, as the milk will curdle.

DO NOT leave expressed milk to stand at room temperature to thaw.

Place the container under running cold water. Gradually make the water warmer until the milk becomes liquid.

Warm the container of chilled or thawed milk in a jug of warm water until it is body temperature.

Microwave ovens should NEVER be used to thaw or heat milk. Their safety is unknown and heating is uneven. Microwaves also reduce the anti-infection properties in breast milk.

Expressed milk cannot be reheated if your baby doesn't finish the feed – so warm only a small amount at a time. Discard any that is not consumed.

### **Note:**

Thawed expressed breast milk:

- that has not been warmed can be stored in the refrigerator for 24 hours
- that is not refrigerated must be used within four hours
- must not be re-frozen.



## Engorgement

Your milk will come in around 24 to 72 hours after birth. A degree of fullness may be experienced at this time. After a feed at least one breast should feel soft and light (well drained).

Engorgement is caused by a build-up of blood, milk and other fluids in the breast. This occurs if the breasts aren't drained well during a feed

### Prevention

- Ensure baby attaches correctly to the breast
- Feed your baby often without limiting the time at the breast
- Ensure your baby drains the breast well at feeds
- Avoid use of dummy or additional fluids in between regular feeds.

If your breasts are very full, you may need to express a little milk to soften the areola so your baby can attach well (see page 17 for hand expressing breast milk).

Engorgement will occur if your baby is not feeding and attaching well. Less commonly it may occur if your body is making more milk than the baby has needed.

### Treatment

1. Ensure your baby is attached well when breastfeeding.
2. Feed your baby often, at least 8 to 12 times per 24 hours.
3. Do not limit time at the breast.
4. Express to soften areola to attach your baby to the breast.
5. Use cool gel packs from refrigerator (not freezer) for comfort.
6. If after 24 hours breasts remain full and heavy, seek professional advice to ensure the condition resolves.

## Blocked ducts

A blocked duct causes a lump that is tender or painful because of milk building up behind the blockage.

### Prevention

- Ensure correct positioning and attachment - sucking should be felt in the breast, not the nipple.
- Frequent drainage of the breast.
- Alter position during feed to include underarm position, cradle position or lying on your side.
- Check for a white 'bleb' or spot on the nipple as this may be blocking the milk duct.

### Avoid

- Sudden long gaps between breastfeeds or expressing for your baby.
- Tight or restrictive clothing e.g. bra.
- Pressing or holding one area of the breast too tightly, especially close to the nipple.



## Management of blocked ducts

1. Feed frequently from the affected side first.
2. Gently stroke towards the nipple during the feed. This may assist the let-down reflex.
3. For comfort and to reduce swelling from excess fluid apply a cold cloth or cool gel pack.
4. Express after feeding.
5. If a white 'bleb' or spot is present, soak the nipple with a warm moist cloth and rub or scratch it off using a sterile needle to allow the milk to flow again.
6. Use paracetamol or anti-inflammatory tablets according to directions until the lump clears.
7. If the lump has not cleared after the next breastfeed, therapeutic ultrasound treatment (by a physiotherapist) of the affected breast may help clear blocked ducts.
8. It is important the breast is well drained within 20 minutes of having the ultrasound treatment. This may be either by breastfeeding or expressing the breast.
9. Seek professional help if a blocked duct hasn't cleared within 24 hours or if you develop symptoms of mastitis.



# Mastitis

Mastitis is a preventable breastfeeding problem.

Mastitis occurs when there is a blockage of milk in the milk duct. Some milk may leak out of the duct into the surrounding tissues causing inflammation and infection.

## Signs and symptoms

- The breast has a red, painful area.
- An aching flu-like feeling such as a fever, feeling shivery and generally unwell.

Seek medical help if fever lasts more than six hours.

## Treatment

1. Drain the breast frequently. Attach your baby to the affected side first.
2. Keep the breast drained by expressing the affected breast after each feed (see page 17).
3. Cool gel packs from the refrigerator (not freezer) or cool cloths can relieve discomfort and pain.
4. Anti-inflammatory medication e.g. Ibuprofen, will reduce the inflammation and pain.
5. Paracetamol may be taken to ease discomfort.
6. It is important to get extra rest. You may need household help to achieve this.
7. You will need antibiotics for 10 to 14 days.
8. If it is too painful to feed, express your milk using a hospital grade electric pump if possible (see page 18).
9. Seek advice from a lactation consultant to determine a cause and prevent a reoccurrence

## Milk banking at King Edward Memorial Hospital

Mothers producing more milk than their own baby requires may want to consider donating their excess milk to the Perron Express Rotary Milk (PREM) Bank located at KEMH.

Human milk is the best food for babies, especially when they are born sick or premature. Giving these babies breast milk helps reduce the number of gastro intestinal infections and supplies special immuno-protective properties to increase their chances of survival for long-term growth and development.

Before accepting milk from donors, the milk bank ensures they are healthy by screening them with a questionnaire and taking a blood test.

The PREM Bank welcomes all enquiries from women who are breastfeeding or planning to breastfeed in the future.

For more information visit [www.kemh.health.wa.gov.au](http://www.kemh.health.wa.gov.au) and find the PREM Bank listed under 'Services' or call (08) 9340 1563.



## Support Services

Service Name	Contact Details
Australian Breastfeeding Association Counselling service – 7 days a week <a href="http://www.breastfeeding.asn.au">www.breastfeeding.asn.au</a>	1800 686 268 1800 mum2mum
General Practitioner	
Health Direct 24 hour medical advice line	1800 022 222
Local Child Health Centre Available office hours Phone number in purple child health book <a href="http://www.health.wa.gov.au/services">www.health.wa.gov.au/services</a>	Phone Health Info for local details 1300 135 030
Ngala Parenting help – 7 days 8.30am to 9.00pm	(08) 9368 9368
Private Lactation Consultant	Phone book yellow pages under 'Breastfeeding'
West Australian College of Lactation Consultants	<a href="http://www.lactationwest.org.au">www.lactationwest.org.au</a>
OPH WNS Assessment Unit	(08) 9346 8021

The Women and Newborn Health Service clinical guidelines for newborn feeding are available at [www.healthnetworks.health.wa.gov.au](http://www.healthnetworks.health.wa.gov.au) by clicking on the link 'Baby Friendly Health Initiative'.

© State of Queensland (Queensland Health) 2012

<http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>

For permissions beyond the scope of this licence contact:

Intellectual Property Officer

E: [ip\\_officer@health.qld.gov.au](mailto:ip_officer@health.qld.gov.au)

T: (07) 3234 1479

Osborne Park Hospital  
Osborne Place, STIRLING WA 6021



This document can be made available in alternative formats on request for a person with a disability.

Produced by Women and Newborn Health Service  
Website: [www.wnhs.health.wa.gov.au](http://www.wnhs.health.wa.gov.au)



© December 2005 WNHS 0159 Rev 10  
Revised August 2016

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia. Photos for illustration purposes only.